

**DEPARTMENT OF STATE HEALTH SERVICES
TEXAS YOUTH TOBACCO AWARENESS PROGRAM**

ORDERING INSTRUCTIONS:

1. ALL ORDERS MUST BE SUBMITTED ON THIS FORM (NO EXCEPTIONS).
2. MAIL **ORDER FORMS AND PAYMENTS TO:** CASO DOCUMENT MANAGEMENT
3453 IH 35 NORTH, SUITE 215
SAN ANTONIO, TX 78219
3. YOU MAY ALSO FAX YOUR ORDER FORM TO : (888) 371-3682
*** ALL FAXED ORDERS MUST BE PAID BY DEBIT OR CREDIT CARD**

PAYMENT INFORMATION:

- PAYMENTS CAN BE MADE BY CASHIERS CHECK, MONEY ORDER, COMMERCIAL CHECK, OR AGENCY VOUCHER.
- PURCHASE ORDERS ARE ACCEPTED FROM COMMUNITY SUPERVISION & CORRECTIONS DEPARTMENTS & COUNTY OFFICES
- CASH AND PERSONAL CHECKS WILL NOT BE ACCEPTED.
- RETURNED CHECKS WILL INCUR A \$30.00 FEE.
- **MAKE CHECKS PAYABLE TO CASO DOCUMENT MANAGEMENT.**

NOTE:

- ORDERS WILL BE SHIPPED **AFTER** PAYMENT HAS BEEN PROCESSED.
- ALLOW THREE DAYS FOR SHIPPING.
- A COPY OF THE PAID INVOICE, PACKING SLIP, AND CREDIT CARD RECEIPT (IF PAID WITH CREDIT CARD) WILL BE INCLUDED IN THE SHIPMENT.
- PLEASE CHECK CONTENTS UPON RECEIPT.

RETURN POLICY:

- A 15% RESTOCK FEE WILL BE CHARGED ON THE TOTAL COST OF THE RETURNED ITEMS.

***IF THERE ARE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT US AT (877) 840-3972**

CODE	TITLE	QUANTITY _____ \$	PRICE 55.00/batch	AMOUNT
TYTAP	Texas Youth Tobacco Awareness Class Participant Workbooks ((batch of 20-includes 20 certificates of completion)			
			SUBTOTAL	_____
SALES TAX			(Subtotal x .08125)	_____
Note: If your company is tax exempt , please include the Tax Exempt Form with your order.			8.125%	_____
FREIGHT CHARGE PER BOX (UPS GROUND)			\$ 5.00/batch	_____
Note: Orders to be shipped overnight will incur the actual cost of the freight.				
PURCHASE ORDER #: _____			ORDER TOTAL	_____
CHECK ONE: <input type="checkbox"/> Commercial Delivery <input type="checkbox"/> Residential Delivery				

IS THIS A NEW PROGRAM? YES

NO (PLEASE CIRCLE)

SHIP TO:

INSTRUCTOR NAME: _____
PROGRAM NAME: _____
INSTRUCTOR CERTIFICATION NUMBER: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____

CREDIT CARD PAYMENT:

CREDIT CARD TYPE: VISA ☐ MASTERCARD ☐ AMEX ☐
CREDIT CARD# _____
CARDHOLDER: _____
EXPIRATION DATE: _____